



TOWN OF FENWICK ISLAND POLICE DEPARTMENT BUSINESS REGISTRY FORM

BUSINESS INFORMATION

Business Name: _____ Street Address: _____

Phone #: _____ Mailing Address: _____

Business Owner(s) Name (Person or Corporation) _____

Owner Street Address (if different from above) _____

Business email address: _____ Owner email address: _____

My business has an alarm: Yes _____ No _____ If yes, name of provider: _____

Provider phone (business hours) _____ Phone (non business hours) _____

What is your preference for receipt of information of an urgent/informational nature: (for example: a neighboring store was victimized or counterfeit bills are being passed in town)

During Business Hours: Contact via Flyer _____ Phone call to business _____ E-Mail to business _____

During Non Business Hours on Next business day: Contact via Flyer _____ Phone call to business _____ E-Mail to business _____

I wish to participate in one of these programs: Police officer walks through store from time to time: Yes _____ No _____

Police officer walks through store from time to time and speaks with customers and store employees: Yes _____ No _____

Police officer makes a personal visit to store and meets with owner or manager to review store layout: Yes _____ No _____



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EMERGENCY INFORMATION

SUMMER SEASON – NON BUSINESS HOURS

WINTER SEASON (if different from summer)

Please provide local contact if possible

1st Contact: _____

1st Contact: _____

Home Phone: _____ Cell: _____

Home: _____ Cell: _____

How long will it take for this person to respond? _____

How long? _____

Position/title/authority of this person: _____

Position/title/authority _____

2nd Contact Person Name: _____

2nd Contact: _____

Home Phone: _____ Cell: _____

Home: _____ Cell: _____

How long will it take for this person to respond: _____

How long? _____

Position/title/authority of this person: _____

Position/title/authority _____

I authorize the Police Department to share the above information with Town Hall staff as needed: Yes _____ No _____

Comments: _____

_____:

Print Name: _____

Sign: _____ Date: _____